

The Promise of Big Data Plenary 1

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Faculty/Presenter Disclosure

- **Faculty: Rick Glazier**
- **Relationships with commercial interests:**
 - **Grants/Research Support: none**
 - **Speakers Bureau/Honoraria: none**
 - **Consulting Fees: none**
 - **Other: none**

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Potential for conflict(s) of interest:

- **Rick Glazier** has received **N/A** from **N/A**
- **N/A** a product that will be discussed in this program: **N/A**

Mitigating Potential Bias

- **Mitigation N/A**

Scenario

- A network of clinics has established systems for regular:
 - surveys of patient experience
 - EMR extracts of access and quality of care
 - administrative data profiles comparing them to the province
 - priority setting based on this information
- Last year they used this information to:
 - achieve 70% of visits on the day preferred by their patients
 - double the number of people with smoking cessation support
 - increase continuity of care by 30%
 - demonstrate a 25% reduction in antibiotic use through a randomized trial of delayed prescriptions for respiratory infections

Scenario

- Is this true for your practice setting?
 - conduct surveys of patient experience
 - extract EMR data
 - receive administrative data profiles
 - use data to set priorities

- Last year did you:
 - use practice-based data to improve care?
 - receive feedback about how you compare with others?
 - participate in practice-based research?

Building Primary Care Measures ...from scratch

- Primary care in Canada has little tradition of:
 - routine measures
 - reporting
 - accountability
- But it does have:
 - single payer systems
 - good capture of physician billings
 - ability to link data across health sectors in many provinces
 - a push towards organized groups and accountability
 - increasing data at the regional level
- Practice-level measurement especially limited

Measurement Frameworks For Systems and Practices

- National - CIHI
 - 105 indicators in 2006
 - 30 policy, 30 provider in 2012
 - surveys, EMR, admin data
- BC
 - diabetes, heart failure care reported
- ON
 - PCPM framework, Quality Agenda

Pan-Canadian Primary Health Care Indicator Update Report, 2012

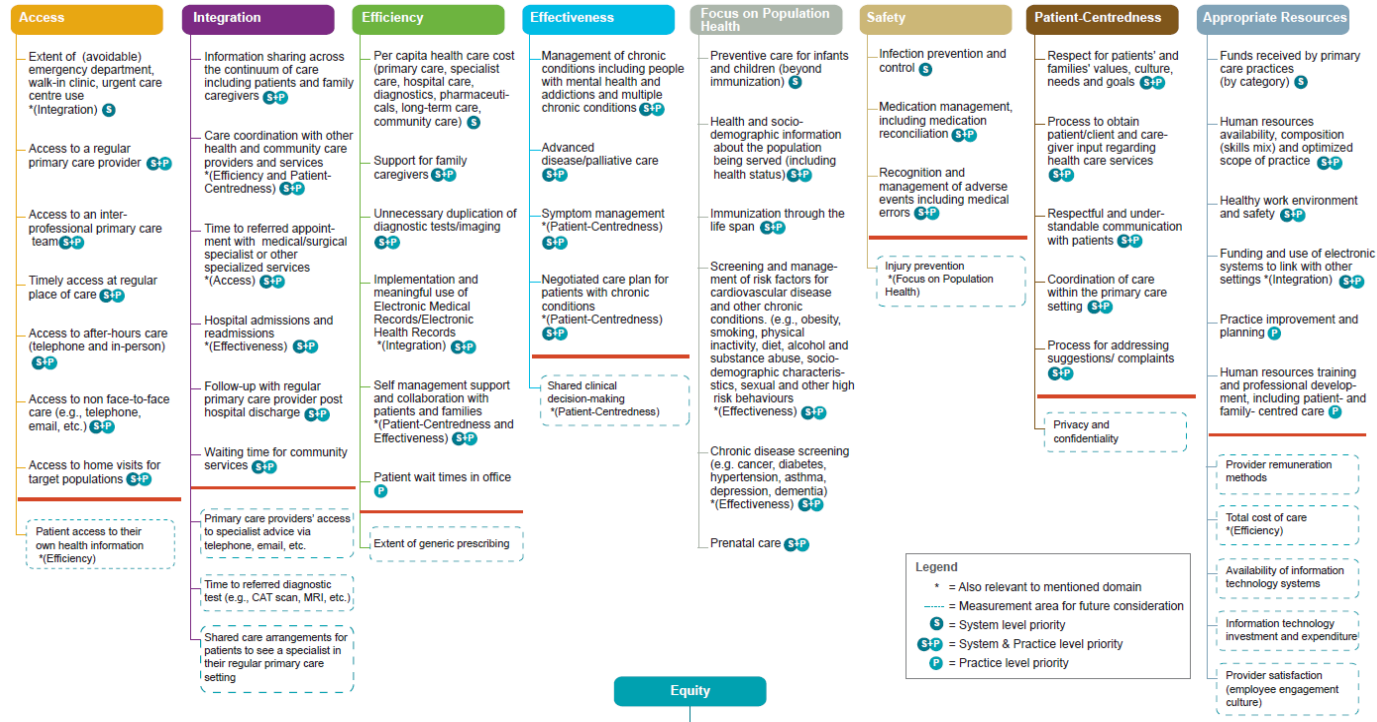
<http://www.cihi.ca/CIHI-ext-portal/internet/EN/TabbedContent/types+of+care/primary+health/cihi006583>

http://www.primaryhealthcarebc.ca/resource_performance_report.html

Measurement Frameworks – Ontario

Primary Care Performance Measurement Framework

(Ontario Primary Care Performance Measurement Steering Committee, June 2013)



Equity is a cross cutting domain and will be assessed in relation to a variety of economic and social variables such as income, education, gender, urban/rural location, age, sexual orientation/identity, language, immigration, ethno-cultural identity and Aboriginal status.

<http://www.hqontario.ca/public-reporting/primary-care>

Framework for Primary Care Organizations

Hogg W, et al. International Journal for Quality in Health Care 2008;20(5):308–313 10
<http://intqhc.oxfordjournals.org/content/20/5/308.full.pdf+html>

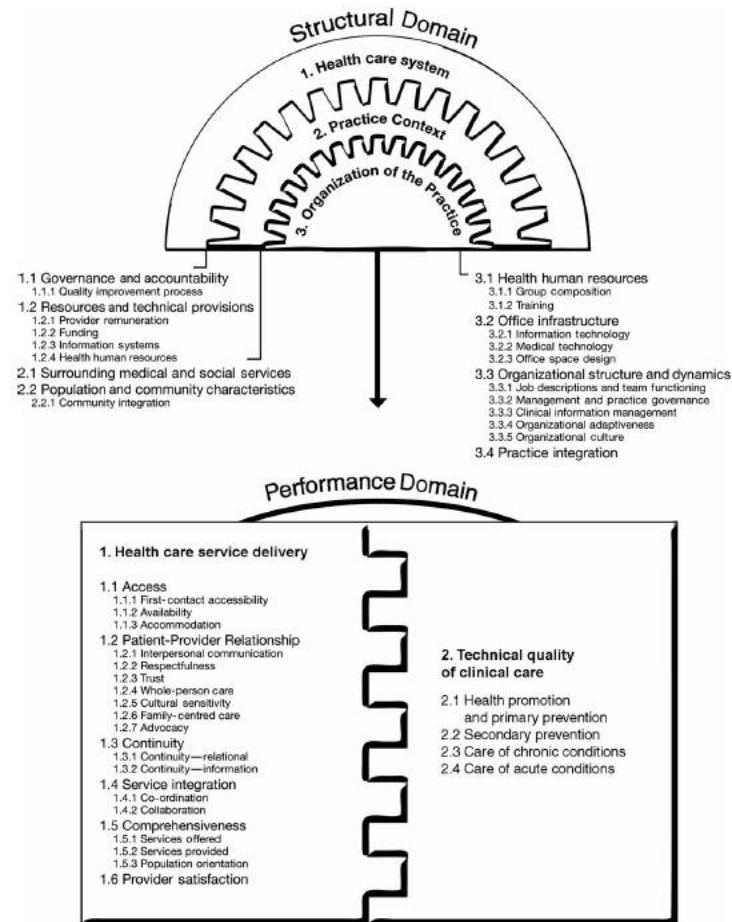


Figure 1 Conceptual framework for primary care organizations.

Practice Level Data

- Surveys
 - organizations, providers, patients, communities
- Administrative data
 - groups and providers
- Clinical data
 - electronic medical records (EMR)
- Each has its role*

*Green ME et al. Assessing methods for measurement of clinical outcomes and quality of care in primary care practices. BMC Health Services Research 2012, 12:214. <http://www.biomedcentral.com/1472-6963/12/214>

Practice Surveys

- Patient experiences
 - methods recently reviewed*
 - mandated in some primary care settings
 - local (e.g. ON) or centralized (e.g. UK)
- Not yet standardized
 - sampling and sample size
 - questions
 - analysis and reporting

*Wong ST, Haggerty J. Measuring patient experiences in primary health care: a review and classification of items and scales used in publicly available questionnaires. CHSPR 2013

http://www.chspr.ubc.ca/sites/default/files/publication_files/Patient%20experiences%20in%20PHC%202013_0.pdf

Practice Survey – Example

Monthly Survey by E-mail

7. When you see your physician or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?

answered question	154		
skipped question	0		
		Response Percent	Response Count
Always	68.2%	105	
Often	18.2%	28	
Sometimes	3.9%	6	
Rarely	2.6%	4	
Never	1.9%	3	
It depends on who I see and/or what I am are there for	5.2%	8	
Decline to answer	0.0%	0	

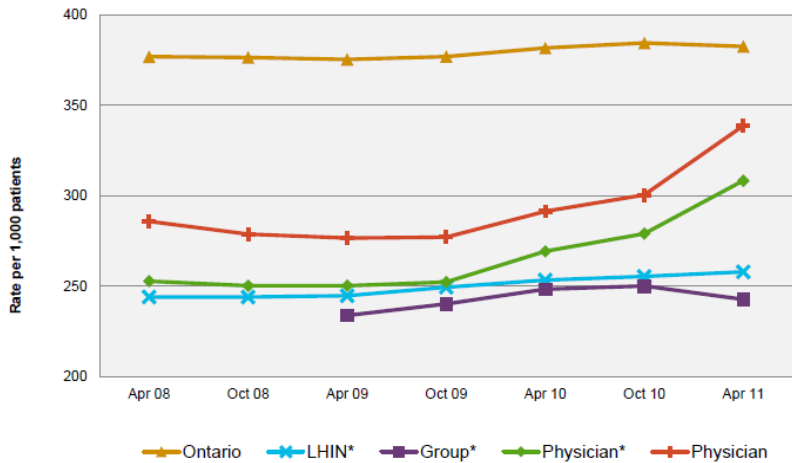
9. When you see your physician or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?

answered question	152		
skipped question	2		
		Response Percent	Response Count
Always	64.5%	98	
Often	19.1%	29	
Sometimes	11.8%	18	
Rarely	2.0%	3	
Never	0.7%	1	
It depends on who I see and/or what I am are there for	1.3%	2	
Decline to answer	0.7%	1	

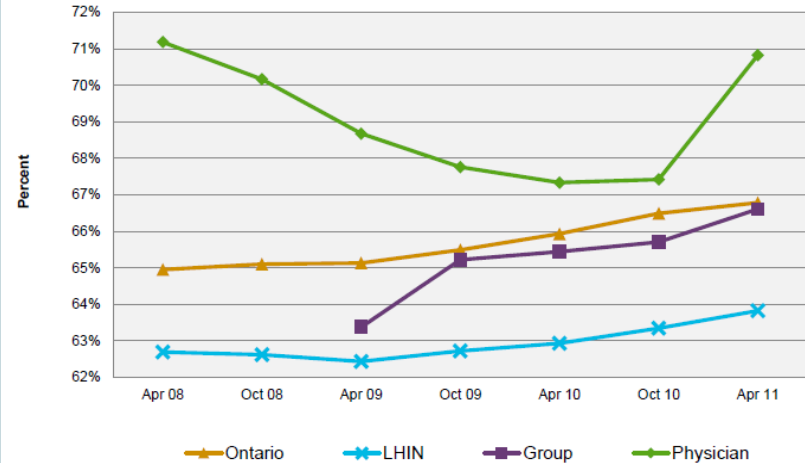
Practice Level Administrative Data

Example from Health Quality Ontario – ICES Initiative

Rate of emergency department visits per 1,000 patients



Percentage of patients with diabetes with at least one retinal examination within the past 24 months



Reporting Period	Apr 08	Oct 08	Apr 09	Oct 09	Apr 10	Oct 10	Apr 11
Physician	285.8 (470)	278.8 (453)	276.6 (456)	277.1 (459)	291.3 (484)	300.5 (501)	338.8 (575)
Physician*	252.8 (470)	250.3 (453)	250.3 (456)	252.3 (459)	269.3 (484)	279.0 (501)	308.3 (575)
Group*	DS	DS	233.8 (4,825)	240.2 (5,263)	248.3 (5,480)	250.1 (5,743)	242.7 (4,896)
LHIN*	244.0 (418,481)	244.0 (419,415)	244.8 (430,588)	249.4 (443,530)	253.4 (447,001)	255.5 (455,357)	258.0 (465,414)
Ontario	376.9 (4,849,388)	376.5 (4,864,067)	375.4 (4,853,762)	377.0 (4,918,704)	381.7 (4,985,304)	384.5 (5,033,949)	382.6 (5,035,502)

*Adjusted for age, sex, and morbidity
DS=data suppressed; physician group size <6

Reporting Period	Apr 08	Oct 08	Apr 09	Oct 09	Apr 10	Oct 10	Apr 11
Physician	71.18% (85)	70.16% (86)	68.67% (87)	67.76% (88)	67.33% (89)	67.42% (93)	70.83% (102)
Group	DS	DS	63.37% (718)	65.22% (808)	65.44% (832)	65.70% (901)	66.61% (764)
LHIN	62.69% (64,173)	62.62% (67,181)	62.43% (71,427)	62.72% (74,673)	62.93% (76,529)	63.34% (80,444)	63.82% (84,420)
Ontario	64.95% (518,085)	65.10% (541,726)	65.13% (563,385)	65.49% (587,194)	65.93% (609,337)	66.49% (633,174)	66.78% (656,620)

DS=data suppressed; physician group size <6

Practice Level EMR Data

- Data discipline issues
- Multiple vendor issues
- Challenging to run queries
- Provincial and national initiatives – measure and feed back
 - EMRALD
 - Canadian Primary Care Sentinel Surveillance Network (CPCSSN)
 - others
- Examples
 - HbA1c < 7.5%, BP control, Pap smears, flu shots, smoking cessation, obesity

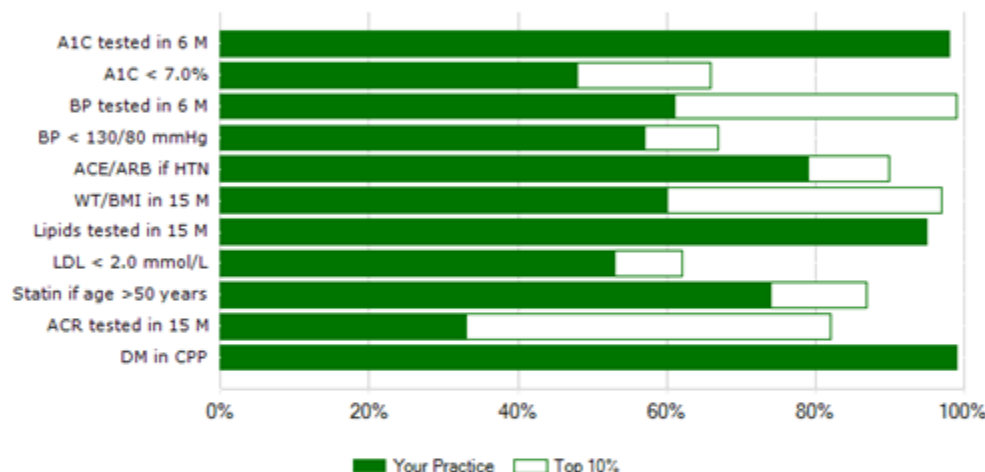
Doctor: (ID:8888)

System for Audit and Feedback to Improve caRE (SAFIRE)

DM IHD HTN Mainpro-C FAQ Contact Us Data Level: Practice Profile Indicator: At Target Date: May 25, 2013

Diabetes Care Measures (DM)

Diabetes Care Measures [Patient List](#)

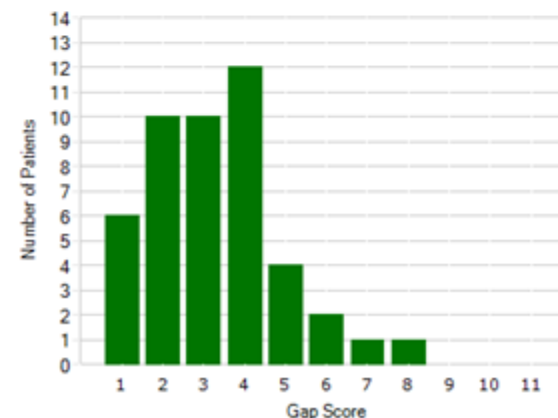


DM Patients	Patients	Percentage
Your practice:	46	7%
Overall EMRALD:	12,345	10%
DM Patients with IHD		
Your practice:	4	9%
Overall EMRALD:	2,253	18%
DM Patients with HTN		
Your practice:	36	78%
Overall EMRALD:	8,425	68%
Female DM Patients		
Your practice:	35	76%
Overall EMRALD:	5,699	46%
Average Age of DM Patients		
Your practice:	63 years	
Overall EMRALD:	65 years	

Past Performance

Targets	May 25, 2013 Your Practice	May 25, 2013 Top 10%
A1C tested in 6 M	98%	88%
A1C < 7.0%	48%	66%
BP tested in 6 M	61%	99%
BP < 130/80 mmHg	57%	67%
ACE/ARB if HTN	79%	90%
WT/BMI in 15 M	60%	97%
Lipids tested in 15 M	95%	95%
LDL < 2.0 mmol/L	53%	62%
Statin if age >50 years	74%	87%
ACR tested in 15 M	33%	82%
DM in CPP	99%	94%

Distribution of Gap Scores Overall Consecutive



A. DEMOGRAPHICS (YCG)

Indicators	CPCSSN	ON	NorTReN	Site	Sentinel
Age (mean years)	49.1	49.9	49.1	49.1	48.7
% paediatric (<18 yrs)	5.7	5.2	5.0	3.4	3.8
% adult (18-65 yrs)	71.7	70.2	71.8	75.4	76.2
% geriatric (>65 yrs)	22.6	24.6	23.2	21.2	20.0
Sex (% male)	40.2	38.8	35.8	36.1	21.9
Total	247,288	99,261	62,963	1,868	795

B. PREVALENCE (%)

Conditions	CPCSSN	ON	NorTReN	Site	Sentinel
Hypertension	19.4	18.9	17.9	20.8	18.6
Diabetes	8.4	8.6	7.6	9.5	10.4
Depression	13.5	12.4	12.4	13.1	18.4
COPD	3.2	3.0	2.4	1.8	2.5
Osteoarthritis	10.1	10.8	10.7	8.2	7.9
Parkinson's	0.3	0.4	0.3	0.3	0.2
Epilepsy	0.8	0.8	0.7	0.8	0.8
Dementia	1.7	1.8	1.8	1.5	1.2
N (YCG, UCF)	306,817	119,750	76,039	2,257	950

C. CHRONIC CONDITIONS (%)

Conditions	CPCSSN	ON	NorTReN	Site	Sentinel
None	62.6	62.5	64.1	64.7	62.1
1 Condition	22.9	23.5	22.6	20.2	22.2
2 Conditions	10.1	10.0	9.6	10.4	10.7
3 Conditions	3.4	3.1	2.9	3.7	3.7
4 Conditions	0.8	0.7	0.7	0.8	0.9
5 Conditions	0.1	0.1	0.1	0.2	0.3
6 Conditions	0.0	0.0	0.0	0.0	0.0
7 Conditions	0.0	0.0	0.0	0.0	0.0
8 Conditions	0.0	0.0	0.0	0.0	0.0
N (YCG, UCF)	306,817	119,750	76,039	2,257	950

D. INDICATORS

Indicators	CPCSSN	ON	NorTReN	Site	Sentinel
D1. HYPERTENSION					
Total with HTN (n):	59,485	22,666	13,592	469	177
# HTN with BP (n):	56,788	21,776	12,987	468	177
% systolic BP <140:	70.3	71.0	73.3	81.2	76.3
% diastolic BP <90:	88.1	87.9	87.6	90.0	88.1
Missing (n):	2,697	890	605	1	0

D2. DIABETES

Total with DM (n)	25,736	10,246	5,795	215	99
#DM with HbA1C (n)	21,244	7,915	5,406	210	96
% HbA1C <7:	53.5	58.7	61.1	51.4	50.0
% HbA1C 7-8:	26.0	25.0	24.5	31.0	38.2
% HbA1C >8:	20.6	16.3	14.4	17.6	19.8
Missing (n):	4,492	2,331	389	5	3
# DM with BP (n)	24,245	9,781	5,439	214	99
% systolic BP <130:	49.3	51.7	56.0	62.1	63.6
% diastolic BP <80:	63.9	63.1	64.6	73.4	74.7
Missing (n):	1,491	465	356	1	0
# DM with LDL (n)	21,285	7,915	5,381	210	98
% LDL <2:	43.2	49.4	50.1	62.4	61.2
Missing (n):	4,451	2,331	414	5	1

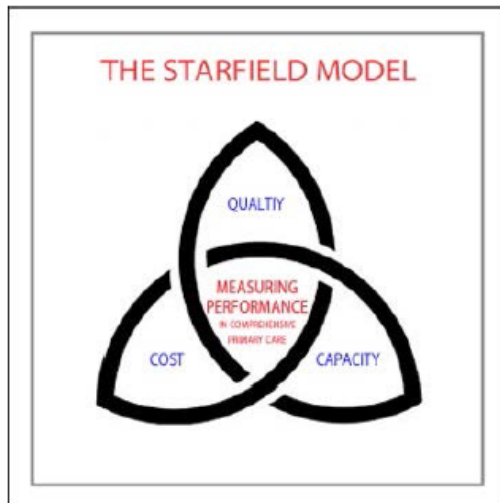
D3. COPD

Total with COPD (n)	9,890	3,534	1,795	41	24
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Bringing it Together: Compare Measures Across Groups

	Source	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E
Were you satisfied with the choice of day for your last appointment?	patient survey					
Did the doctor spend enough time with you?	patient survey					
What percentage of smokers were counselled in last year?	EMR					
What percentage of patients on Coumadin have had an INR between 2-3 in the last two months?	EMR					
How many ER visits occurred for minor problems?	administrative data					
What percentage of admitted Pts. were seen in office within 7 days of discharge?	administrative data					

Bringing it Together: Aggregate Across Measures



FHT Name	Quality	Capacity	Cost/Patient
Wittcott	659	53.6	\$3394
Purcliffe	620	65.6	\$3367
Shipdon	541	39.2	\$4306
Ashbeth	620	29.9	\$5591
Ipsbridge	354	61.9	\$4063
Average	559	50.0	\$4144
Target	TBD	> 53	< \$3954

<http://www.dorvalmedical.ca/wp-content/uploads/2013/11/The-Starfield-Model-A-Way-of-Measuring-Performance-in-Primary-Care.pdf>

Bringing it Together: Return to Scenario

- What does the future look like?
 - conduct surveys of patient experience
 - extract EMR data
 - receive administrative data profiles
 - use data to set priorities

- This year will you:
 - use practice-based data to improve care?
 - receive feedback about how you compare with others?
 - participate in practice-based research?

Comments, Questions?

